175 168 834 [837] [836] a child (1936:76). No adult of reproductive age seems to have remained for long outside of a marriage bond. Extramarital sexual encounters were not uncommon, and adolescents were not prevented from sexual experimentation (1936:72). The separation of sexual partners did not intervene to limit population size.

175 168 842 [756] Contraceptive measures are reported to have been familiar to both men and women (1936:73). These include "bush medicines" and "ritualistic treatments" performed by a piaiman or shaman. However, the exact species are not identified and their efficacy as well as the incidence of their use are not noted. Old women were reported to have been experienced in inducing abortions through the use of an infusion of bush herbs and manual manipulation including the insertion of small, sharp sticks.

175 145 168 Aside from these behavioral controls, there apparently were physiological factors at work. These are mentioned but their effects cannot be established. Gillin notes, for example, that it was rare for an adolescent girl to become pregnant (1936:73). Regarding this observation, Gillin suggests that temporary sterility and ineptness of technique may explain the lack of pregnancies. Also, the incidence of malaria, hook worm, round worm, and other parasites may have contributed to periods of sexual inactivity and temporary sterility as well as affecting the mortality of infants and others.

175 162 In sum, for the 1932-33 period, those behavioral and physiological factors which affected population size were recorded without regard for their situational context. Still, the reproductive results seem clear: i.e., the ratio of adults to children was about one to one in

175 Clearly by the 1940's, exchange and employment opportunities play
*177 an important role in respect to this Carib population's adaptation.
161 Men were being regularly engaged in mining activities and increasing
[464] numbers of them were permanent workers for Baird. Despite Peberty's
comments, there is evidence that the reproductive pattern was greatly
changed.

175 In 1960 government census provides the first evidence of this
*177 increase in population size. Unfortunately in this report, the
162 inhabitants between Kokerite and Towakaima were counted with the
Upper Barama River Caribs. In this larger group, there were 565
people, including 285 males and 280 females. As a partial indication
of what portion of these were in the Upper Barama River above
Towakaima, 142 adults from this area were registered to vote in 1961.
Table 6 presents the age structure and sex composition of the larger
[163] Carib group. Also, for the year preceding the census, there were 13
births all occurring to women under 45. Expressed as a crude birth
rate, this is 23.5 births per thousand total population.

175 In the investigation of the change in population size, it must be
657 pointed out that early health care was haphazard at best. Systematic
health care was not available until very recently. It should be noted
that 1960 was the first year the Malaria Eradication Programme was
175 extended into the Upper Barama area. At that time, 271 smears were
657 taken and 23 were positive for malaria. This is an incidence of
• 164 malaria for 8.6 percent of the population tested. The Malaria
Eradication Programme resumed in the Upper Barama area in the summer
of 1966. At that time, 314 people were tested. Of this number,

[TEXT CONTINUED ON PAGE 60]

175 82 had malaria and 126 had had it recently. Together, this is an
657 increase to 66.9 percent of the tested population. In the fall of
• 164 1967, there were 412 people living in the Upper Barama area according to the Malaria Eradication Programme reports. Of this number, 396 were tested for malaria. At that time, only 14 were positive for the disease, 23 were positive for recent fever. This is a reduction to an incidence of 9.3 percent of the tested population in little more than a year. Since then, there have been no positive tests for malaria in the Upper Barama area.

657 More short term campaigns have been made to treat other diseases
164 among the Upper Barama Caribs. Although there are no records of
165 mortality among this population, epidemics which have caused multiple deaths have been attended by medical teams from Georgetown. In the summer of 1966, about 150 people were treated during an epidemic of measles. Later, an outbreak of gastroenteritis received the attention of a medical team. Seven people died during this last epidemic. Most other deaths have been single events.

164 There are no reliable records for the incidence of other diseases. Worms and other parasites are still a major health problem. This is especially the case around Baramita Air Strip with so many families
[514] commonly using small creeks for all purposes. There has been some
*[177] efforts to promote the use of pit latrines, and four of these are in
146 existence at the Air Strip. Also, malnutrition is a health factor. During the year of field work, weight loss was observed among the
[142] people who had been dependent on employment at the mine. Also, burnished hair and pot bellies, signs of protein deficiency, are